



U.S. UTILITY Patent Application

**O.I.P.E.**

**PATENT DATE**

SCANNED

Q.A. *Am*

APPLICATION NO.  
09/957012

CONT/PRIOR  
D

CLASS
424

SUBCLASS

ART UNIT  
4651

**EXAMINER**

## APPLICANTS

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**TITLE**

### Oral methods of treatment

PTO-2040  
12/99

**ISSUING CLASSIFICATION**

[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
	<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)			<b>ISSUE FEE</b>
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<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)			<b>ISSUE BATCH NUMBER</b>	

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